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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/904,425-Conf. #1776
	Filing Date	July 12, 2001
	First Named Inventor	Cindy Kohanek
	Art Unit	2856
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	21223/0211061-US0

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 07278

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number: 07278

OR

<input type="checkbox"/>	Firm or Individual Name
--------------------------	-------------------------

Address			
City			
Country	State	Zip	
Telephone	Email		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Hiroyuki Takeuchi		
Date	Jan. 28, 2009	Telephone	+81-3-5444-3958
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/>	*Total of	2	forms are submitted.